

EXHIBIT G-4 - ADJOURNED WORKERS' COMPENSATION CLAIM

CREDITOR'S NAME AND ADDRESS *	CLAIM NUMBER	ASSERTED CLAIM AMOUNT **	DATE FILED	DOCKETED DEBTOR
STASIK ROBERT	7658	Secured: Priority: Administrative: Unsecured: _____ UNL Total: _____ UNL	06/08/2006	DELPHI CORPORATION (05-44481)

Total: 1

UNL

* The address of the creditor on this exhibit has been intentionally omitted for privacy reasons.

** "UNL" denotes an unliquidated claim.